

**FILED**  
UNITED STATES DISTRICT COURT

for the  
2014 APR -2 A 8:47  
EASTERN DISTRICT OF MICHIGAN

**JEFFREY SANDERS** (Creditor - U.S. BANKRUPTCY COURT - EASTERN DISTRICT OF MICHIGAN - DETROIT)

Plaintiff/Petitioner

v.

**In Re: CITY OF DETROIT, MICHIGAN**

Defendant/Respondent

Civil Action No. **13-53846(via 07-14206)**

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS**  
**(ACCEDING INCUMBENCY-MAN (Short Form) DATE(5) AS 11 U.S.C. § 362(b)(1))**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: **NON - APPLICABLE INCARCERATION.**  
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

**NON-APPLICABLE.**

My gross pay or wages are: \$ 0, and my take-home pay or wages are: \$ 0 per  
(specify pay period) 0.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- |  |   |  |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (f) Any other sources                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

**SOCIAL SECURITY DISABILITY BENEFACTOR OF \$793.00 MONTHLY**

Dated: 04/01/2014

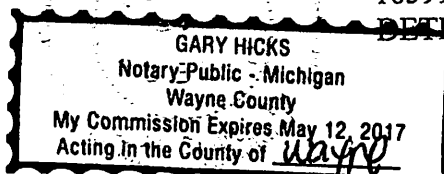
Subscribed and sworn to before  
me this 1 day of April, 2014.

(Notary) GARY HICKS

My Commission Expires:

May 12 2017

151 Jeffrey Sanders  
**JEFFREY SANDERS (IFP-Pro se)**  
16599 HUBBELL ST.  
DETROIT, MICH. 48235-4030



4. Amount of money that I have in cash or in a checking or savings account: \$ 10.00(MAYBE)?

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

Ø

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

HOUSING - RENT OF \$600.00 MONTHLY.

UTILITIES OF \$150.00 - \$250.00 MONTHLY.

TRANSPORTATION OF \$35.00 MONTHLY.

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

E.T.R.S., AGE 15, DAUGHTER - FATHER; \$793.00 MONTHLY.

TIYANI Z. KUANDA - SANDERS, WIFE - SPOUSE; \$793.00 MONTHLY.

JEFFREY SANDERS, SELF; \$793.00 MONTHLY.

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

N/A - SEE 11 U.S.C. §362(b)(1) ACCEDDED - ASCENDING  
18 U.S.C. §241 - §1001(a)(3) AND 28 U.S.C. §158 - §1915(d). §2106,  
§2108. §2111 w/ 42 U.S.C. §1983 PLUS FRCP 54 - E.D. MICH. LR  
58.1(b)...: FRBP 8002 - 8016(b) DIRECTS - MANDATES!

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Authored - Served On April 01, 2014, By: /s/

*Jeffrey Sanders*

Subscribed and sworn to before me this 1 day of April, 2014.

(Notary)

My Commission Expires:

May 12, 2017

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